

**COMMONWEALTH OF KENTUCKY**  
Energy and Environment Cabinet  
Department for Environmental Protection

**DIVISION FOR AIR QUALITY**  
Florence Regional Office  
8020 Veterans Memorial, Suite 110  
Florence, Kentucky, 41042  
(859) 525-4923; FAX (859) 525-4157

**DEP 7105B**

**ADMINISTRATIVE  
INFORMATION**

**ENTER IF KNOWN**

Plant ID No:

A.I. No:

**AGENCY USE ONLY**

Date received:

Log No:

**STAGE II POST INSPECTION FORM**  
**Gasoline Dispensing Facilities**

Facility Name (as recorded on your Registration Form # DEP 7105):

Address:

Phone:

City, State, Zip:

Owner:

**DISPENSER AREA INSPECTION**

- ☐ All vapor pipes under the dispenser are capped, plugged, or reattached.
- ☐ No leaks are present under dispenser, nor from hoses or nozzles.
- ☐ All impact valves are open on all product lines.
- ☐ All dispenser panels are correctly reinstalled.
- ☐ All lock-outs or "Out of Service" tags are removed from dispenser nozzles.
- ☐ All tools, testing equipment, cones, and caution tape removed from dispenser area.

**TANK AREA INSPECTION**

- ☐ Isolation plugs are removed from vapor risers (if applicable).
- ☐ All tank top components (plugs, caps, etc.) are reinstalled and secure.
- ☐ "Drop out tank" free of product and functioning properly (with all caps replaced).
- ☐ All tools, testing equipment, cones, and caution tape removed from tank area.
- ☐ All lids and covers are properly replaced.

**TEST DATA**

- ☐ Test data summaries are attached to this form. *(The applicable tests are specified in 401 KAR 59:174, Section 6.)*

Site Mgr. NAME:

Site Mgr. Signature:

Date:

Tester's NAME:

Tester's Signature:

Date:

Testing Company and Address: